

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10799797**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	/						51							
2	/						52							
3	/						53							
4	/						54							
5		4					55							
6		4					56							
7		4					57							
8		4					58							
9		4					59							
10	/	/					60							
11		/					61							
12	/	/					62							
13		/					63							
14		/					64							
15		/					65							
16	/						66							
17	/						67							
18	/	2					68							
19	/	/					69							
20		/					70							
21		/					71							
22	/	/					72							
23		/					73							
24	/	/					74							
25		/					75							
26		/					76							
27		/					77							
28		/					78							
29		/					79							
30	/						80							
31	/						81							
32		2					82							
33		2					83							
34		2					84							
35		2					85							
36		2					86							
37	/	/					87							
38		/					88							
39		/					89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	14						TOTAL IND.							
TOTAL DEP.	46						TOTAL DEP.							
TOTAL CLAIMS	60						TOTAL CLAIMS							